

SUFFOLK COUNTY HUMAN RIGHTS COMMISSION **INTAKE INFORMATION**

For Office Use Only
<input type="checkbox"/> Hauppauge Intake
<input type="checkbox"/> Riverhead Intake

Complainant Information

Name: _____
Last
First
Middle

Address: _____
Street

_____ City, State _____ Zip _____ Date of Birth _____ Social # (last 4 digits only)

Telephone: (____) _____ (____) _____ (____) _____
Home
Cell
Business

E-Mail Address: _____ Can we call you at work? Yes or No

Do you have an attorney? Yes or No Attorney's Name: _____

Is your complaint related to:

Employment Housing Public Accommodation
 Education Credit Other _____

Basis of Your Complaint: Please check all that apply and specify

<input type="checkbox"/> Race/Color _____	<input type="checkbox"/> Religion/Creed _____
<input type="checkbox"/> Marital Status _____	<input type="checkbox"/> National Origin _____
<input type="checkbox"/> Sexual Orientation _____	<input type="checkbox"/> Conviction Record _____
<input type="checkbox"/> Gender _____	<input type="checkbox"/> Age (D.O.B. & Age) _____
<input type="checkbox"/> Use of Service Animal _____	<input type="checkbox"/> Disability _____
<input type="checkbox"/> Sexual Harassment _____	<input type="checkbox"/> Pregnancy _____
<input type="checkbox"/> Alienage or Citizenship Status _____	<input type="checkbox"/> Military Status _____
<input type="checkbox"/> Status as Victim of Domestic Violence _____	
<input type="checkbox"/> Retaliation _____	<input type="checkbox"/> Family Status # of children _____
<input type="checkbox"/> Veteran Status (Housing only) _____	<input type="checkbox"/> Lawful Source of Income (Housing only) _____
<input type="checkbox"/> Other _____	

*****Complete this section only if your complaint is related to EMPLOYMENT*****

Respondent Information

What is the name and address of the company or organization that you have a complaint about?

Name: _____

Address: _____

Street

City State Zip () Phone

Name and job title of the person you have a complaint about:

Name: _____ Job Title: _____

Date you were hired: _____ Your Job Title: _____ Union: [] Yes or [] No

Approx. Number of Employees: _____ Last day of employment: _____

If terminated, Date notified of termination: _____

Date of the last incident of Discrimination: _____

Briefly describe what happened to you. (Further details can be provided at your intake interview.)

What are you seeking as a resolution of this matter?

Have you filed a complaint with any other agency or court on this matter? [] Yes [] No

If so, what agency or court? _____

*****Complete this section only if your complaint is related to HOUSING*****

What is the name and address of the person, company/organization that you have a complaint about?

Name: _____ Title: _____

Address: _____

Street

()

City

State

Zip

Phone

If you are complaining about a company or an organization, list the name(s) and titles(s) of the person(s) within that company/organization who caused you the problem:

What did the person, company/organization do to you?

- Refused to Rent Refused to Sell Refused to Show Premises
 Refused to Finance Evicted Other: _____

Original (first) date of discrimination: _____

Most recent date of discrimination: _____

Site/County of alleged discrimination: _____

Briefly describe what happened to you. (Further details can be provided at your intake interview.)

What are you seeking as a resolution of this matter? _____

Have you filed a complaint with any other agency or court on this same matter? Yes No

If so, what agency or court? _____

**Complete this section only if your complaint is related to discrimination in a
PUBLIC ACCOMMODATION, EDUCATION OR CREDIT**

What is the name and address of the company/organization that you have a complaint about?

Name: _____

Address: _____

Street

() _____

City

State

Zip

Phone

If known, list the name(s) and titles(s) of the person(s) within that company/organization who caused you the problem:

What kind of company/organization are you complaining about?

- Restaurant Store School Government Agency Club
 Bank Non-Profit Agency Other _____

What happened to you? (Check all that apply)

- Denied Service Denied Membership Membership Terminated
 Denied Accommodation Unequal Treatment Denied Credit/Loans
 Denied Application Suspended from School Other: _____

Original (first) date of discrimination: _____

Most recent date of discrimination: _____

Site/County of alleged discrimination: _____

Briefly describe what happened to you. (Further details can be provided at your intake interview.)

What are you seeking as a resolution of this matter? _____

Have you filed a complaint with any other agency or court on this same matter? Yes No

If so, what agency or court? _____

Please read the following information carefully, and sign below to authorize an investigation of your complaint. If you have any questions about this section, please see a Commission Investigator, who will be happy to provide further clarification about our procedures.

I have been advised of the Commission's procedures and I understand that this information sheet is not a formal complaint.

I request that the Suffolk County Human Rights Commission take whatever action they deem necessary in their investigation, and in so doing, I hereby give my authorization to release information contained in this form to any persons necessary. I also authorize the Commission to review my personnel records, medical records or other pertinent records, and receive copies therein, as well as to obtain any other information, which may be requested in the investigation of these allegations.

Signature

Date

.....
Name, address, and telephone number of someone who will always know how to reach you, if we have to contact you about your case:

Name: _____

Street: _____

City /State/ Zip: _____ Phone: (____) _____

How did you learn about the Suffolk County Human Rights Commission? _____
